

after the operation, and naturally some months have elapsed before they were in the usual condition of physical health. This is especially the case where the bromid habit has been broken up in conjunction with the castration, or a short time subsequent to it. The question as to whether resection of the cord would be followed by advantages equal to those coming after the removal of the glands has not been investigated.

The effect on girls has been noted in only two cases. These were subjected to operation before coming here. The results in these instances have seemed to fully justify the procedure.

ALCOVE BEDS FOR THE EPILEPTIC.

Presented to the Section on State Medicine at the Forty-eighth Annual Meeting of the American Medical Association, held at Philadelphia, June 1-4, 1897.

BY EVERETT FLOOD, M.D.

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In presenting this subject I labor under the disadvantage of advocating a theory rather than a well demonstrated fact. Caring for the epileptic in such beds as I am about to describe has, so far as I am able to learn, never been tried. An approach has been made to it in a few places, especially in the asylum at Turin, where very narrow rooms are used, but the essential features of this plan are lacking.

The method is not advanced as a plan to be followed in all cases, but as apparently well adapted to certain conditions. The idea is to make an alcove, with walls of any firm material, either plank or brick, or brick with plank or board cover, just wide enough to easily admit the fully made-up bed. The bed should run on easy rollers and possibly project a few inches out of its alcove. There may be one alcove or many, side by side. This kind of a dormitory may be constructed on the ground floor or any floor above, provided the foundations are suitably strengthened, and no very great weight is added by this kind of construction. Each alcove is to have a suitable fresh-air ingress and a proper outlet for the warmed air. There may be a door to the stall or not, according to requirements. If a door is desired, then the bed can not project beyond the sides of the alcove, but may be flush with them.

There may be a single row of alcoves, or a double row in the middle of the room, or a single row at one side, or a row on each side. The better way would seem to be to have five to ten alcoves in each row. A double row head-to-head, running through the middle of the room so that the watchman can easily walk around the whole is the plan mainly considered.

The patient gets into bed over the foot, or the bedstead may be withdrawn, the patient is tucked in by the attendant and the bed then pushed back into its alcove. Experiments have been tried with different materials, and it is shown that sounds from one alcove to another can be so deadened that no serious discomfort would be occasioned by such noises as are ordinarily heard from this class of persons, while odors from one to another are absolutely prevented and each patient is breathing pure air. If a bed becomes soiled and is withdrawn from the alcove then odors might be perceived in the adjoining places, but the bed can be quickly stripped, the bedding thrown into the shute, which is conveniently placed, and ventilated, while the patient is being attended to in the bath. To make up these beds they must be withdrawn from the alcove and the clothing adjusted. The floor and

walls of each place can then be properly cleansed and the bed pushed back.

Any one of us would, I am sure, prefer a dormitory of this sort to one where there is common air space for all.

With epileptic children the clothing is kept on the bed much better than in any other way and, in fact, it would be really difficult for the patient to get himself uncovered enough to take cold.

Opposite each alcove is a ventilated space for the patient to hang his day garments. The windows in this room are above such closed spaces.

The night nurse goes around quietly looking into each alcove in the row, or in the double rows, and need not disturb any patient either with her light or by any noise she might need to make.

The cost of such construction as this would manifestly be greater than for the ordinary dormitory, for it is natural to suppose that a room especially adapted to the use of this class of patients will cost more than one designed only for the ordinary insane or demented patient. The result to be reached is a more difficult one.

Details for the construction of the remaining parts of the building have been worked out, but need not essentially differ from other asylum buildings.

RELATION OF RAILWAY COMPANIES TO STATE BOARDS OF HEALTH.

Presented to the Section on State Medicine at the Forty-eighth Annual Meeting of the American Medical Association, at Philadelphia, Pa., June 1-4, 1897.

BY G. P. CONN, A.M., M.D.

CHIEF SURGEON BOSTON AND MAINE RAILWAY, CONCORD, N. H.

In the last twenty years it has become a well-settled fact that State boards of health are primarily intended to take cognizance of the interests of health and life among the people of the State; and while it may be true that the work of a State board is to a considerable extent educational in its character, yet its scope is practically unlimited. Its observations and duties should not only pertain to the physical welfare of every citizen of a State, but business interests should receive due attention and the commercial relation of State, federal and international prosperity should never be ignored nor forgotten. Therefore, a bureau of health becomes an integral part of the executive department of a State, around which every citizen has the "inalienable right to life, liberty and the pursuit of happiness."

Such conditions represent the brightest and most potent exponents of a higher civilization, in which robust health for all classes of people is made possible. State pride is quite universal and progressive prosperity becomes a motto for every person as well as every vocation.

As an introduction to the subject I propose to briefly discuss and bring to the notice of this National Association, the above will serve to outline and emphasize the fact that hygiene, in effecting the moral and physical conditions of the inhabitants of every community, State or nation, must directly or indirectly have an influence in all business pursuits, including State, federal and international transportation.

It is a topic of much importance and, in a brief paper, can not be fully considered and therefore I can only hope to present to your notice a few of the more

salient points that are ever being presented to the railroad surgeon.

Problems involving hygienic principles in railway transportation will always be promptly referred to the surgical department of the road, for the reason that only such a department can deal with such questions in an intelligent and impartial manner. The surgical department of railway labor is the only section that is fitted by education and practical work to consider questions involving State, interstate and international sanitation, and in order to decide important questions regarding the life and health of the public and employees, the railway surgeon must keep in close touch with boards of health and other hygienic organizations of the country.

The public have become critical on all matters pertaining to life and health and now demand far more attention to sanitation than would have found favor a decade since and would not have been deemed necessary or expedient until within a few years.

Only a few years ago the National Association of Baggage Agents, recognizing that the public demanded more stringent rules and regulations in the transportation of dead bodies, held a consultation with experts in sanitation and formulated the following rules, which have been adopted by railroads and State boards of health throughout Pan-America:

Rule 1. The transportation of bodies of persons dead of smallpox, Asiatic cholera, typhus fever or yellow fever is absolutely forbidden.

Rule 2. The bodies of those who have died of diphtheria, anthrax, scarlet fever, puerperal fever, typhoid fever, erysipelas, measles and other contagious, infectious or communicable diseases must be wrapped in a sheet thoroughly saturated with a solution of bichlorid of mercury in the proportion of one ounce of the bichlorid to one gallon of water and incased in an air tight zinc, tin, copper or lead-lined coffin or in an air-tight iron casket, hermetically sealed and all inclosed in a strong tight wooden box, or the body must be prepared for shipment by being wrapped in a sheet and disinfected by a solution of bichlorid of mercury as above and placed in a strong casket or coffin and said casket or coffin incased in a hermetically sealed (soldered) zinc, copper or tin case and all enclosed in a strong outside wooden box of material not less than one and one-half inches thick.

Rule 3. In cases of a contagious, infectious or communicable disease the body must not be accompanied by any articles which have been exposed to the infection of the disease. In addition to a permit from the board of health or proper health authorities, station agents will require an affidavit from the shipping undertaker stating how the body has been prepared and the kind of coffin or casket used, which must be in conformity with Rule 2.

Rule 4. The bodies of persons dead of diseases that are not contagious, infectious or communicable may be received for transportation to local points in the same State when incased in a strong coffin or metallic case and inclosed in a strong wooden box, securely fastened so that it may be safely handled. But when it is proposed to transport them out of the State to an interstate point (unless the time required for transportation from the initial point to destination does not exceed eighteen hours) they must be incased in air-tight zinc, tin, copper or lead lined coffin or an air-tight iron casket or a strong coffin or casket encased in a hermetically sealed (soldered) zinc or tin case and all enclosed in a strong outside wooden box of material not less than one inch thick. In all cases the box must be provided with four iron chest handles.

Rule 5. Every dead body must be accompanied by a person in charge who must be provided with a ticket marked "corpse," and a transit permit from the board of health or proper health authority, giving permission for the removal and showing name of deceased, age, place of death, cause of death (and if a contagious or infectious nature) the point to which it is to be shipped, medical attendant and name of undertaker.

Rule 6. The transit permit must be made with a stub, to be retained by the person issuing it, the original permit must accompany the body to destination; and two coupons, the first coupon to be detached by the station agent at initial point and sent to the general baggage agent, the second coupon by

the last train baggageman. The stub, permit and coupons must be numbered, so the one will refer to the other, and on permit will be a space for undertaker's affidavit, to be used in cases of infectious or contagious diseases as required by Rules 2 and 3.

Rule 7. The box containing corpse must be plainly marked with paster, showing name of deceased, place of death, cause of death and point to which it is to be shipped, number of transit permit issued in connection and name of person in charge of the remains. There must also be a blank space at the bottom of the paster for station agent at the initial point to fill in the form and number of passage ticket, where from, where to and route to destination of such ticket.

Rule 8. It is intended that no dead body shall be removed which may be the means of spreading disease; therefore, all disinterred bodies, dead of any disease or cause, will be treated as infectious and dangerous to public health and will not be accepted for transportation unless said removal has been approved by the State board of health and the consent of the health authority of the locality to which the corpse is consigned has first been obtained and the disinterred remains enclosed in a hermetically sealed (soldered) zinc, tin or copper lined coffin or box incased in hermetically sealed (soldered) zinc, tin or copper cases.

These rules were made for the protection of the public against dangerous communicable diseases. While self-interest, to a great degree, on the part of the corporations in the protection of their patrons and employees against pestilential danger probably prompted this action, none of us can doubt but that our whole country has been benefited.

I have quoted these rules as but few of the roads in the East have been careful to post these regulations, preferring to rely on the health authorities to enforce the law. More widely circulated knowledge is necessary and I take this method of bringing it to the observation of the public and the profession.

Another sanitary consideration that is always of great interest to the managers of our local and through lines of transportation, is the management of serious outbreaks of infectious and contagious disease. The advent of cholera or yellow fever, at home or abroad, disturbs commercial centers all over the world. The declaration of federal or State health authorities that smallpox is prevailing in Canada or California as an epidemic at once creates excitement and very often leads to unwarrantable interference with transportation that might be avoided if the surgical department of through lines were in touch with State and national health officers. It is true a great and decided improvement in these matters has taken place since the epidemic of smallpox in Canada in 1885. At that time the Provincial Board of Health of Ontario was the only health authority in Canada worthy of consideration; while two of the New England border States were without health authorities and entirely helpless to meet the exigencies of the occasion. Michigan and Minnesota on the west, through their most efficient boards of health, asked our federal authorities to interpose the protecting power of international quarantine.

Everyone understands that international problems require considerable time for solution and that diplomatic correspondence is oftentimes so dilatory as to be very exasperating, while every sanitarian understands that epidemics of contagious disease have no respect for geographic or municipal limitations, nor can be dispelled or discomfited by proclamation or diplomacy. The results of the appeal to the federal government in the West being far from reassuring it was determined in New Hampshire to appeal to the railroads to take the initiative and lead in public sentiment rather than follow in its wake. This seemed the more necessary by reason of municipal reports

from Montreal that there was no epidemic prevailing and the fact that the Province of Quebec was without a health board that could furnish reliable information.

The epidemic was well developed in Montreal early in July, and in August the health board in New Hampshire, realizing that nothing was being done to restrict the spread of the disease, determined to warn the management of the great through lines of transportation traversing New England and the Canadas of the danger they were in of having a panic that would unnecessarily disturb transportation and might lead to a complete embargo by reason of a shotgun quarantine.

This notice was most kindly received and the managers of international transportation interests asked for information and instructions of what was necessary to protect and maintain their traffic engagements. The result of this information was a conference of railway managers and surgeons with the boards of health of New Hampshire and the Province of Ontario. This took place in the city of Montreal. A delegation from this conference met by appointment a committee of the Montreal city government. This committee, while admitting there were some cases of smallpox in the city, strenuously asserted that it was far from being an epidemic. This statement was utterly and irrefutably answered by Dr. Covert of the Ontario Board of Health, who brought to their notice duly attested certificates of deaths by smallpox, which showed that 127 had died during the previous week and 39 the day previous. The daily records of deaths were sufficient to show the increase of the epidemic week by week and it is to the credit of the mayor and city government of Montreal that they willingly adopted a course of rigid investigation that brought into existence not only an efficient health board for the Province of Quebec, but also a Dominion board of health that is receiving commendation and support from sanitarians all over the world.

In bringing about these results and municipal reforms a great deal of animosity was engendered among the ignorant and superstitious. The anti-vaccination element in society took it upon themselves to stir up dissensions, riots prevailed and large numbers of the inhabitants boldly proclaimed that they would not submit to such rules and regulations as were deemed necessary to suppress the epidemic. The government was most ably and earnestly supported by the railroads, as a single instance will verify.

The inhabitants of a small suburban station in which was posted the rules and regulations considered necessary to protect its people and the inhabitants of other places, took occasion to send word to the division superintendent of the road running through the town that they would not submit to the rules and tore down the copies that had been posted. No further rules were sent them, but the next day every train passed that station at the rate of thirty miles an hour. The station master closed up the depot and it remained closed until the authorities of that town appointed a local health board and instructed them to support and carry out the rules and regulations that had been adopted by the managers of all railways in Canada.

A single instance of this kind was amply sufficient to bring about a reform and the people of that section were very soon educated in the elementary principles of hygiene. It is but a simple act of justice to these people to report that in a very short period they were

enthusiastic supporters of every rule and regulation that gave assurance of protecting themselves and neighbors from the direful effects of a loathsome epidemic.

In less than sixty days the epidemic was stamped out and the rules and regulations abandoned. It is but fair to the management of those roads to state that with the exception of the importation of rags and paper stock there was no interruption of the running of either passenger or freight trains, neither was there any development of the disease in New England. Sanitary inspectors examined all through passengers while in transit, many were vaccinated, some were quarantined as suspicious cases and a great deal of baggage was thoroughly disinfected at division and international points.

In a paper of this kind designed for an association of medical men it is unnecessary to multiply instances of this work, neither am I disposed to flatter myself that I am imparting any new information to the members. Still it is probably quite true that a great many of the managers of our railroads have never been called on to provide for the stamping out of an epidemic of this nature, therefore if this shall be the means of bringing a work of this kind to their notice it will have served its purpose.

NATIONAL MEDICAL LEGISLATION.

Presented to the Section on State Medicine at the Forty-eighth Annual Meeting of the American Medical Association, held at Philadelphia, Pa., June 1-4, 1897.

BY JAMES T. GREELEY, M.D.

NASHUA, N. H.

I have the honor to address you on this occasion in behalf of action, already initiated, well-advanced and generally approved by you and by the profession of this and of foreign countries, because it is designed and calculated to raise the character of the profession, to exalt the capacity of those on whom the welfare of all mankind rests, to weed out or fitly qualify those empirics who are at once the bane of medicine and the terrible foes of social health and of all prosperity. The intention is necessary, is wise, practical and permanent. Its propriety is demonstrated as well by the notorious evil against which it is leveled as it is by the patent values of the purposes for which it is framed. Wherever attempted it has been crowned and lauded both by popular and professional approval. It appeals to all who desire health for themselves or others; is simple and unequivocal; criticises those only who are notoriously unworthy of tolerance and exalts modest merit as much as it condemns charlatanry, ignorance, impudence and murder. Briefly expressed, this movement approves, tends and works for a higher, a universal law, which shall raise the standard of medical education in all schools, weed out practitioners who, under whatever sounding school title, are evidently unfitted to judge the issues of life and death, and perform the duties for which they are employed, and thereby raise the practice of medicine to a level with that of other arts and sciences upon which mankind depends for its welfare and permanence, for its very being. Fortunately, I address those who are experts in all that pertains to the subject matter, and who have been deterred from action heretofore only by the enormity of the evil and apparent hopelessness of David fighting with Goliath. Their judgment is our own, their sympathies are ours. We labor only to have that